



**TEXAS DEPARTMENT OF HEALTH
LICENSING AND ENFORCEMENT DIVISION**

FOOD WHLSR

**FOOD WHOLESALER LICENSE APPLICATION
(Health and Safety Code, Chapter 431)**

Return both the completed application, and fee made payable to
TEXAS DEPARTMENT OF HEALTH, in the envelope provided or mail to:
Texas Department of Health, P. O. Box 12008, Austin, Texas 78711.
You may visit our website at: www.tdh.state.tx.us/bfds

BUDGET:	7B706
FUND:	183
LICENSE # :	

If you are a food manufacturer, private labeler, or repacker, or a food wholesaler who is also required to be licensed as a wholesale drug distributor or device distributor, contact this office at (512) 719-0246 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: () _____

FEE SCHEDULE FOR FOOD WHOLESALERS AND PUBLIC FOOD WAREHOUSES

The fee is based on the **gross annual sales** of **ALL** food wholesaled from the licensed place of business. Public food warehouses must include revenue received from food storage **and** distribution. Note: If a food manufacturer operates food warehousing locations that are physically separate from any manufacturing location, the food warehouses must be individually licensed as food wholesalers. This includes facilities where food is held for limited periods of time.

GROSS ANNUAL FOOD SALES

FEE

G	\$	0.00	-\$ 199,999.99	- \$100.00 for each place of business
G	\$	200,000.00	-\$ 499,999.99	- \$200.00 for each place of business
G	\$	500,000.00	-\$ 999,999.99	- \$300.00 for each place of business
G	\$	1,000,000.00	-\$ 9,999,999.99	- \$400.00 for each place of business
G	\$	10,000,000.00	Or more	- \$600.00 for each place of business

G LATE FEE -A person who files for renewal after the license expiration date must pay an additional \$100.00

ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT I DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE , CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 431 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

Printed Name & Title

G OWNER

G PARTNER

G PRESIDENT

G CORPORATE DESIGNEE / AGENT

Date

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

G New - Start Date of Regulated Activity: _____

G Amended - **G** Change of Ownership [previous owner: _____]
G Change of Location [previous location: _____]
G Change of Name [previous name: _____]
G Other: _____ } Enter the date the change was effective
Date: _____

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

G Renewal - Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

G Notice that firm is out of business. Date: _____
Sign and date. Return for deletion from our records.

G Not required to license/permit
Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

(A license cannot be issued for manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.) **Residence address, driver's license number, and date of birth are only required of drug and/or device applicants*

Name & Title

*Residence Address

*Driver's License Number

*Date of Birth

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www. _____

BILLING INFORMATION (The license/permit and/or courtesy renewal notice will be sent to the following):

Billing Name: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

- A separate license/permit is required for each location. All licenses/permits should be displayed at the address licensed/permitted. (Water Vending licenses may be kept at the home office.)
- The license/permit will be valid for one year from the new, renewal, or change date.
- The license/permit renewal application and fee are due each year PRIOR TO the anniversary date. This office must be advised of any changes of ownership, name, or address PRIOR TO the change, as this will change the anniversary date. **Please note that it is the responsibility of the license/permit holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license/permit will be issued.**
- For assistance in completing this application, call (512) 719-0246. Please address any correspondence to: Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
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LICENSE/PERMIT HOLDER INFORMATION: Complete the required ownership information.

***Residence address, driver's license number, and date of birth are required of drug and/or device applicants ONLY.
INCLUDE A COPY OF YOUR DRIVER'S LICENSE**

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Name	Tax Payer ID # or Charter #	Outlet #
Mailing Address of Licensed Establishment	City and State	Zip

* Has the applicant, licensee, and/or managing officer been convicted of a felony or misdemeanor? (If yes, please attach a statement explaining the conviction.)	G Yes	G No
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G SOLE OWNER / PROPRIETORSHIP

Name	*Residence Address	*Drivers License Number	*Date of Birth
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G PARTNERSHIP G LLP

Name of Partnership	Effective Date of Partnership
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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G ASSOCIATION

Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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G CORPORATION G LLC

Name of Corporation	Date and Place of Incorporation
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President's Name	*Residence Address	*Drivers License Number	*Date of Birth
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Officer's Name	*Residence Address	*Drivers License Number	*Date of Birth
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Officer's Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name of Registered Agent	*Residence Address	Telephone Number
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